MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

QUARTERLY WAGE REPORT CONTINUATION SHEET

EAU 10B

P.O. Box 888
Jefferson City, MO 65102-0888

Type or print in ink.

Print employer's name and account number as shown on Form MODES-4 **Quarterly Contribution and Wage Report**	CALENDAR QUARTER AND YEAR 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Year

16. Social Security No.	17. First Name	Middle Initial	Last Name	18. Total Wages	19. Multi-State	20. Proba-tionary	Probationary Start Date	Probationary End Date
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21. PAGE _____ OF _____ PAGES			**TOTAL THIS PAGE**					

Be sure that each page carries employer's name, account number, page number, and calendar quarter and year.
Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888.
Retain copy for your file.

***IMPORTANT**: If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.*
***¡IMPORTANTE!**: Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento.*

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